

**FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

SUSAN B ANTHONY LIST INC

(b) Address (number and street)

☐ check if different than previously reported

1707 L STREET NW STE 750

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30000921**3. Is This Statement**☐**New**

or

☒**Amended****4. Covering Period**M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

through

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 1 0**5. (a) Date of Public Distribution(s)**M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0**(b) Communication Title** BETRAY**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

EMILY BUCHANAN

(b) Address (number and street)

1707 L STREET NW

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

SUSAN B ANTHONY LIST, INC.

(e) Occupation

EXECUTIVE DIRECTOR

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

23524.25

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

EMILY BUCHANAN

SIGNATURE Electronically Filed by EMILY BUCHANAN

DATE 02/01/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee BRIGHT MEDIA, INC				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0</div> </div>			
Mailing Address of Payee 2109 HULDEKOPER PL, NW				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</div>			
City WASHINGTON		State DC		Zip Code 20007		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0</div> </div>	
Name of Employer		Occupation		Transaction ID : F93.4099			
Purpose of Disbursement (including title(s) of communication(s)) AD PRODUCTION-ULTIMATE							
Name of Federal Candidate BRAD ELLSWORTH		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: IN District: 00		Disbursement/Obligation For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.4101		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

B. Full Name (Last, First, Middle Initial) of Payee CROSSROADS MEDIA, INC.				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0</div> </div>			
Mailing Address of Payee 66 CANAL CENTER PLAZA				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">21524.25</div>			
City ALEXANDRIA		State VA		Zip Code 22314		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0</div> </div>	
Name of Employer		Occupation		Transaction ID : F93.4102			
Purpose of Disbursement (including title(s) of communication(s)) MEDIA BUY-ULTIMATE							
Name of Federal Candidate BRAD ELLSWORTH		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: IN District: 00		Disbursement/Obligation For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.4101		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

SUBTOTAL of Disbursement/Obligation This Page (optional)	<div style="border: 1px solid black; padding: 2px; text-align: right;">23524.25</div>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px; text-align: right;">23524.25</div>